

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

Sky Medical Supply Inc.,

Civil Action No. 2:12-cv-06383-JFB-ETB

Plaintiff(s),

- against -

RICO Statement

SCS Support Claims Services, Inc., et al.

collectively, the Defendants.

RICO Case Statement

1. State whether the alleged unlawful conduct is in violation of 18 U.S.C. §§ 1962(a), (b), (c), and/or (d).

The fraudulent scheme perpetrated by the Defendants violates 18 U.S.C. §§ 1962(c) and (d).

2. List the defendants and state the alleged misconduct and basis of liability of each defendant.

Vendor Defendant

(1) Defendant SCS Support Claim Services, Inc., hereinafter “SCS”, is a New York corporation with a principal place of business in Melville, New York. SCS purports to be a vendor that serves as an independent contractor that finds “independent” medical consultants to write peer review reports and conduct independent medical examinations pursuant to requests made by insurance carrier clients of SCS. SCS violates the mail fraud statute, 18 U.S.C. § 1341 and/or 18 U.S.C. § 1343, when it knowingly sends fraudulent Independent Medical Examination (hereinafter “IME”) reports and peer review reports to its client insurance carriers. Representative examples, including dates of mailing, of such fraudulent mailings is appended as **Exhibits 1-1, 1-2, and 1-3**. It further participates in the operation of the Defendants’ RICO enterprise by SCS by colluding with co-Defendants to issue huge numbers of peer review reports and IME reports that contain preordained opinions, to the detriment of Plaintiff and other insured parties. SCS is a “client” of Patient Focus Medical Examinations, PC d/b/a All Borough Medical of New York, PC (hereinafter “PATIENT FOCUS”).

When Plaintiff and/or other medical providers sue insurance carriers for payment of No-Fault benefits, SCS colludes with and schedules doctors to testify in court in order to support the fraudulent peer and IME reports that serve as the basis of the denials of reimbursement issued by the insurance carriers. Additionally, in order to maximize Defendants collective profits, SCS schedules multiple Doctor Defendants to testify and appear in court on the very same cases when only one doctor is necessary.

SCS also violates 18 U.S.C. § 1341 when it sends scheduling letters to assignors/Eligible Injured Parties (hereinafter “EIPs”) informing them of an upcoming IME appointment, indicating to the assignors/EIPs that they must bring photo identification with them. The letters by SCS do not state that a copy of the letter must be brought as well when SCS knows full well that failure to bring a copy of such a letter will result in an “IME no-show.” A “no-show” causes the insurance carriers to deny Plaintiff’s, requests for reimbursement as well as those submitted by other medical providers that had rendered treatment to the assignor/EIP. SCS induces the no-shows when it makes material misrepresentations to the assignors/EIPs in the IME scheduling letter. Examples of such letters, which include the dates of mailing, are appended as **Exhibit 2**.

SCS also pays Doctor Defendants for their involvement in the RICO enterprise.

The basis of RICO liability for SCS rests on it carrying out a number of the RICO predicate acts as well as its participation in the ongoing scheme as described above.

Shell Company Defendant

(2) Patient Focus Medical Examinations, PC d/b/a All Borough Medical of New York, PC (hereinafter PATIENT FOCUS) is a domestic professional corporation owned on paper by Defendant Tatiana Sharahy, MD (hereinafter “SHARAHY”). PATIENT FOCUS is actually responsible for generating, through its various management companies and managers, the fraudulent peer review and IME reports through its various management companies and layperson owners. PATIENT FOCUS is in fact a *Mallela*¹ corporation doing business in violation of the Business Corporation Laws of New York, and serves as a conduit to launder money to the PC’s true owners, who in actuality own, control and manage the business. It is merely a shell company that exists for the purposes of splitting fees and filtering money to entities that are not legally entitled to the funds and generating peer and IME reports at a volume and price that would otherwise not

¹ A *Mallela* corporation, as described in the seminal New York Court of Appeals case of *State Farm Mutual Auto. Ins. Co. v. Mallela*, 4 N.Y.3d 313, 794 N.Y.S.2d 700 (2005), is - in the medical context – a professional corporation that is nominally owned by a licensed physician but that is in truth and in fact owned and controlled by non-licensed entities.

be feasible. This Defendant has colluded with co-Defendants to issue huge amounts of peer review reports and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties.

Defendant PATIENT FOCUS and its true owners are the engine driving the generation of the fraudulent peer and IME reports. Specifically, SCS, the True Owner Corporate Defendants and, and the True Owner Layperson Defendants have access to a computer system that allows peer review and IME reports to be created quickly, efficiently, and with the ability to manipulate pre-programmed paragraphs in an effort to make the reports appear diverse and customized to each patient. Employees and/or True Owners of PATIENT FOCUS, who are not licensed physicians or health care providers of any sort, generate these reports. Employees and/or owners of PATIENT FOCUS then affix the signatures of Doctor Defendants to these pre-generated reports despite the fact that the reports universally contain a sworn affirmation that they were personally prepared by the signing Doctor Defendant. Employees and/or the True Owners of PATIENT FOCUS then send these fraudulently produced reports to SCS, which in turns sends them to insurance carriers which rely upon the fraudulent reports when denying Sky Medical's claims, as well as those of other medical providers.

PATIENT FOCUS further participates in the scheme to defraud Sky Medical, and other medical providers, by way of the payments it makes to and receives from other participants in the RICO enterprise. It receives kickback payments from SCS for each doctor PATIENT FOCUS provides to testify in support of the fraudulent reports. PATIENT FOCUS and SCS SUPPORT CLAIMS SERVICES, acting in tandem, pay the Doctor Defendants for the use of their signatures and/or to appear in court to support the fraudulent reports generated by laypersons at PATIENT FOCUS. PATIENT FOCUS further pays SHARAHY to be an owner on paper of the fraudulently incorporated PATIENT FOCUS.

PATIENT FOCUS further provides the IME locations and the staff responsible for turning away assignors/EIPs who have brought a photo ID but no IME scheduling letter. When assignors/EIPs are actually allowed to see the Defendant Doctors for IMEs, employees or agents of PATIENT FOCUS often informed said injured parties that the appointment was made for treatment purposes, and would be considered patients of the Defendant Doctors. In reality, the appointments are only for the purposes of conducting an IME and no actual treatment is ever provided to the assignor/EIP.

PATIENT FOCUS also caused notaries public employed or affiliated with PATIENT FOCUS to notarize vast quantities of peer and IME reports outside of the presence of the doctors who purportedly signed the reports under the false affirmations under oath that said doctors had appeared before them and signed the reports in their presence.

The basis for RICO liability against PATIENT FOCUS is its participation in the ongoing scheme to defraud Sky Medical and other medical providers as described above.

True Owner Corporate Defendants

(3) Defendant Nationwide Management Inc. (NATIONWIDE) is a domestic corporate entity that was formed in and does business in the State of New York. It is owned and managed by True Owner Layperson Defendants Svetlana Osiashvili, Benjamin Osiashvili and Mikhael Osiashvili. NATIONWIDE and the Osiashvili defendants, along with the other True Owner Corporate Defendants and True Owner Layperson Defendants, collectively are the true owners of PATIENT FOCUS D/B/A ALL BOROUGH, despite the fact that Defendant Sharahy is listed as the paper owner of that professional corporation. This Defendant has colluded with co-Defendants to issue huge amounts of peer review reports and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and RICO enterprise at issue in this suit.

NATIONWIDE's participation consists of directing the operations of Defendant PATIENT FOCUS. Furthermore, NATIONWIDE is one of the major beneficiaries of the scheme, it has, among other things:

- (a) created fake rental invoices for the spaces they operate out of; and
- (b) created fake lease agreements for such offices; and
- (c) forged the signatures of the landlords for the buildings they operate out of; and
- (d) provided fraudulent testimony under oath in unrelated cases; and
- (e) provided false testimony and documentation to the New York Workers Compensation Board; and
- (f) failed to file required biennial reports and related tax documents with the New York Department of Taxation and Finance despite being under an obligation to do so; and
- (g) failed to report taxable income to the Federal, State and City governments; and
- (h) operated (and continue to operate) as companies that have been dissolved by proclamation by the New York Department of State.
- (i) sent the documents referred to in subsections (a) through (e) above by mail and electronic mail

The basis for RICO liability against NATIONWIDE is its participation in the ongoing scheme to defraud Sky Medical and other medical providers as described above.

(4) Defendant BAB Management Inc. (hereinafter "BAB"), is a domestic corporate entity that was formed in and does business in the State of New York. It was owned and managed by Defendant Alex Vayner, who then sold it to NATIONWIDE the OSHIASHVILI Defendants and the other Management Company Defendants and their owners. BAB, along with the entities stated in the preceding paragraphs, is one of the true owners of PATIENT FOCUS D/B/A ALL BOROUGH, despite the fact that Defendant Sharahy is listed as the paper owner of that professional corporation. This Defendant has colluded with co-Defendants to issue huge amounts of peer review reports and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and RICO enterprise at issue in this suit.

BAB's participation consists of directing the operations of Defendant PATIENT FOCUS. Furthermore, BAB is one of the major beneficiaries of the scheme, it has, among other things:

- (a) created fake rental invoices for the spaces they operate out of; and
- (b) created fake lease agreements for such offices; and
- (c) forged the signatures of the landlords for the buildings they operate out of; and
- (d) provided fraudulent testimony under oath in unrelated cases; and
- (e) provided false testimony and documentation to the New York Workers Compensation Board; and
- (f) failed to file required biennial reports and related tax documents with the New York Department of Taxation and Finance despite being under an obligation to do so; and
- (g) failed to report taxable income to the Federal, State and City governments; and
- (h) operated (and continue to operate) as companies that have been dissolved by proclamation by the New York Department of State.
- (i) sent the documents referred to in subsections (a) through (e) above by mail and electronic mail

The basis for RICO liability against BAB is its participation in the ongoing scheme to defraud Sky Medical and other medical providers as described above.

(5) Defendant Management Company A is a domestic corporate entity that was formed in and does business in the State of New York. It is owned and managed by a yet unidentified party. Defendant Management Company A, along with the entities stated in the preceding paragraph, is one of the true owners of PATIENT FOCUS D/B/A ALL BOROUGH, despite the fact that Defendant Sharahy is listed as the paper owner of that professional corporation. This

Defendant has colluded with co-Defendants to issue huge amounts of peer review reports and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and RICO enterprise at issue in this suit.

Management Company A's participation consists of directing the operations of Defendant PATIENT FOCUS. Furthermore, Management Company A is one of the major beneficiaries of the scheme, it has, among other things:

- (a) created fake rental invoices for the spaces they operate out of; and
- (b) created fake lease agreements for such offices; and
- (c) forged the signatures of the landlords for the buildings they operate out of; and
- (d) provided fraudulent testimony under oath in unrelated cases; and
- (e) provided false testimony and documentation to the New York Workers Compensation Board; and
- (f) failed to file required biennial reports and related tax documents with the New York Department of Taxation and Finance despite being under an obligation to do so; and
- (g) failed to report taxable income to the Federal, State and City governments; and
- (h) operated (and continue to operate) as companies that have been dissolved by proclamation by the New York Department of State.
- (i) sent the documents referred to in subsections (a) through (e) above by mail and electronic mail

The basis for RICO liability against Management Company A is its participation in the ongoing scheme to defraud Sky Medical and other medical providers as described above.

(6) Defendant Management Company B is a domestic corporate entity that was formed in and does business in the State of New York. It is owned and managed by a yet unidentified party. Defendant Management Company B, along with the entities stated in the preceding paragraph, is one of the true owners of PATIENT FOCUS D/B/A ALL BOROUGH, despite the fact that Defendant Sharahy is listed as the paper owner of that professional corporation. This Defendant has colluded with co-Defendants to issue huge amounts of peer review reports and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. Furthermore this Defendant is an active participant in the corrupt activity and RICO enterprise at issue in this suit.

Management Company B's participation consists of directing the operations of Defendant PATIENT FOCUS. Furthermore, Management Company B is one of the major beneficiaries of the scheme, it has, among other things:

- (a) created fake rental invoices for the spaces they operate out of; and

- (b) created fake lease agreements for such offices; and
- (c) forged the signatures of the landlords for the buildings they operate out of; and
- (d) provided fraudulent testimony under oath in unrelated cases; and
- (e) provided false testimony and documentation to the New York Workers Compensation Board; and
- (f) failed to file required biennial reports and related tax documents with the New York Department of Taxation and Finance despite being under an obligation to do so; and
- (g) failed to report taxable income to the Federal, State and City governments; and
- (h) operated (and continue to operate) as companies that have been dissolved by proclamation by the New York Department of State.
- (i) sent the documents referred to in subsections (a) through (e) above by mail and electronic mail

The basis for RICO liability against Management Company B is its participation in the ongoing scheme to defraud Sky Medical and other medical providers as described above.

True Owner Layperson Defendants

(7) Defendant Svetlana Osiashvili (hereinafter “S. OSIASHVILI”) resides in and is a citizen of New York. S. OSIASHVILI is not licensed to practice medicine in the state of New York or any other territories within the United States. S. OSIASHVILI is the owner of Defendant NATIONWIDE and one of the true owners of PATIENT FOCUS. The basis for RICO liability against S. OSIASHVILI is her participation, through directing the operations of NATIONWIDE and PATIENT FOCUS, in the ongoing scheme to defraud Sky Medical and other medical providers as described above.

(8) Defendant Benjamin Osiashvili a/k/a Veniamin Osiashvili a/k/a Benjarmen Osi (hereinafter “B. OSIASHVILI”) resides in and is a citizen of New York. B. OSIASHVILI is not licensed to practice medicine in the state of New York or any other territories within the United States. B. OSIASHVILI is the President of NATIONWIDE and is the operations manager of said company. He is one of the true owners of PATIENT FOCUS. The basis for RICO liability against B. OSIASHVILI is his participation, through directing the operations of NATIONWIDE and PATIENT FOCUS, in the ongoing scheme to defraud Sky Medical and other medical providers as described above.

(9) Defendant Mikael Osiashvili a/k/a Michael Osiashvili (hereinafter “M. OSIASHVILI”) resides in and is a citizen of New York. M. OSIASHVILI is not

licensed to practice medicine in the state of New York or any other territories within the United States. M. OSIASHVILI is the Office Manager of NATIONWIDE and runs the administrative aspects of that company. He is one of the true owners of PATIENT FOCUS. The basis for RICO liability against M. OSIASHVILI is his participation, through directing the operations of NATIONWIDE and PATIENT FOCUS, in the ongoing scheme to defraud Sky Medical and other medical providers as described above.

(10) Defendant Aleksey Vayner (hereinafter “A. VAYNER”) resides in and is a citizen of New York. A. VAYNER is not licensed to practice medicine in the state of New York or any other territories within the United States. A VAYNER is an owner of BAB and was one of the true owners of PATIENT FOCUS. The basis for RICO liability against A. VAYNER is his participation, through directing the operations of BAB and PATIENT FOCUS, in the ongoing scheme to defraud Sky Medical and other medical providers as described above.

(11) Defendant Nelly Vayner (hereinafter “N. VAYNER”) resides in and is a citizen of New York. N. VAYNER is not licensed to practice medicine in the state of New York or any other territories within the United States. N. VAYNER is an owner of BAB and is one of the true owners of PATIENT FOCUS. The basis for RICO liability against N. VAYNER is his participation, through directing the operations of BAB and PATIENT FOCUS, in the ongoing scheme to defraud Sky Medical and other medical providers as described above.

(12) Manager Defendant A resides in and is a citizen of New York. Manager Defendant A is the owner of MANAGEMENT COMPANY A and is also a true owner of PATIENT FOCUS. The basis for RICO liability against Manager Defendant A is his/her participation, through directing the operations of Management Company Defendant A and PATIENT FOCUS, in the ongoing scheme to defraud Sky Medical and other medical providers as described above.

(13) Manager Defendant B resides in and is a citizen of New York. Manager Defendant A is the owner of MANAGEMENT COMPANY B and is also a true owner of PATIENT FOCUS. The basis for RICO liability against Manager Defendant B is his/her participation, through directing the operations of Management Company Defendant B and PATIENT FOCUS, in the ongoing scheme to defraud Sky Medical and other medical providers as described above.

Doctor Defendants

(14) Defendant Tatiana Sharahy, MD, (“SHARAHY”) is an individual purportedly licensed to practice medicine in the State of New York. SHARAHY

resides in and is a citizen of New Jersey. SHARAHY purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. SHARAHY has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties. SHARAHY is also the paper owner of PATIENT FOCUS.

SHARAHY has conspired with the True Owner Defendants to sell her license to them for the fraudulent incorporation of PATIENT FOCUS. SHARAHY does not own or control PATIENT FOCUS. Although she is the nominal owner of PATIENT FOCUS, she acts at the behest of the True Owner Defendants, who dictate the course and results of all medical examinations according to pre-determined templates created by the layperson True Owner Defendants and/or their employees. This arrangement has been ongoing since the inception of PATIENT FOCUS. In fact, SHARAHY has testified to being shockingly unaware of the operations of PATIENT FOCUS (transcripts appended, in pertinent part, as **Exhibit 3**):

- (a) SHARAHY has testified under oath that she does not know the exact d/b/a name of ALL BOROUGH
- (b) SHARAHY has testified under oath that she does not know whether the d/b/a ALL BOROUGH has a "P.C." at the end
- (c) SHARAHY has testified under oath that she has no idea how many management companies PATIENT FOCUS D/B/A ALL BOROUGH uses now or used at any point in the past
- (d) SHARAHY has testified under oath that she has no idea how many bank accounts PATIENT FOCUS D/B/A ALL BOROUGH currently has
- (e) SHARAHY has testified under oath that she has no idea how many employees PATIENT FOCUS D/B/A ALL BOROUGH has
- (f) SHARAHY has testified under oath that she has no idea of the names of anybody else that has a credit or debit card for PATIENT FOCUS D/B/A ALL BOROUGH, despite admitting that other people probably do.
- (g) SHARAHY has testified under oath that she has no idea how many locations PATIENT FOCUS D/B/A ALL BOROUGH operates out of
- (h) SHARAHY has testified under oath that she has no idea of the addresses of any of the locations that PATIENT FOCUS D/B/A ALL BOROUGH operates out of
- (i) SHARAHY has testified under oath that she wouldn't even know how to get to any of the locations that PATIENT FOCUS D/B/A ALL BOROUGH operates out of without calling an associate of one of the *True Owner* management companies

- (j) SHARAHY has testified under oath that she has no idea of the names of any of the landlords of the buildings or office spaces that PATIENT FOCUS D/B/A ALL BOROUGH operates out of
- (k) SHARAHY has testified under oath that she is not sure if she ever signed any leases on behalf of PATIENT FOCUS D/B/A ALL BOROUGH
- (l) SHARAHY has testified under oath that she has no idea how much PATIENT FOCUS D/B/A ALL BOROUGH pays in rent for any of the locations that it operates within.
- (m) SHARAHY has testified under oath that she is not even sure if PATIENT FOCUS D/B/A ALL BOROUGH or NATIONWIDE paid the rent at some of the aforementioned locations
- (n) SHARAHY has testified under oath that she has no idea of how much revenue PATIENT FOCUS D/B/A ALL BOROUGH brought in for any year, even when given the opportunity to provide an estimate in increments of five million dollars.
- (o) SHARAHY has testified under oath that she is not able to give any kind of estimate as to how much money PATIENT FOCUS D/B/A ALL BOROUGH has billed SCS for any particular time period, week, month or year
- (p) SHARAHY has testified under oath that 117-12 Myrtle Avenue is and always was the headquarters of PATIENT FOCUS D/B/A ALL BOROUGH, including in the year 2009, where she employed W2 employees; however, SHARAHY has provided sworn written testimony under oath in an unrelated case that PATIENT FOCUS D/B/A ALL BOROUGH does not and has never operated out of that location and has never employed any people at that location.
- (q) SHARAHY has testified under oath that she has no idea how much money she personally derives from PATIENT FOCUS D/B/A ALL BOROUGH for any year, even when offered the chance to give estimates in \$100,000 increments.
- (r) Sharahy has testified under oath that she does not receive any invoices for rent for the locations that PATIENT FOCUS D/B/A ALL BOROUGH does business in.

SHARAHY further allows laypersons to affix her name to pre-generated peer review and/or IME reports despite the sworn affirmation that she personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. Additionally, the reports on their face cite to certain literature in order to support their findings but in fact misrepresent what the literature actually states. Moreover, the reports show common authorship and telltale signs of plagiarism when compared to reports from other Doctor Defendants. A

representative list of fourteen such fraudulent reports, which each include dates of mailing, is attached as **Exhibit 4**.

The basis of liability for this Defendant thus rests on her crucial participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(15) Defendant Mitchell Ehrlich, MD (hereinafter “EHRLICH”), is an individual purportedly licensed to practice medicine in the State of New York. Ehrlich resides in and is a citizen of New York. Ehrlich purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Ehrlich has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

EHRLICH further allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. Additionally, the reports on their face cite to certain literature in order to support their findings but in fact misrepresent what the literature actually states. A representative list of four such fraudulent reports, which each include dates of mailing, is attached as **Exhibit 5**.

The basis of liability for this Defendant thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(16) Defendant Joseph C. Cole, MD (hereinafter “COLE”), is an individual purportedly licensed to practice medicine in the State of New York. COLE resides in and is a citizen of New York. COLE purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. COLE has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

COLE allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. . A

representative list of nine such fraudulent reports, which each include dates of mailing, is attached as **Exhibit 6**.

The basis of liability for this Defendant thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(17) Defendant Julio Westerband, MD (hereinafter “WESTERBAND”), is an individual purportedly licensed to practice medicine in the State of New York. WESTERBAND resides in and is a citizen of New York. WESTERBAND purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. WESTERBAND has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

WESTERBAND allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. Moreover, the reports show common authorship and telltale signs of plagiarism when compared to reports from other Doctor Defendants. A representative list of four such fraudulent reports, which each include dates of mailing, is attached as **Exhibit 7**.

The basis of liability for this Defendant thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(18) Defendant George A. Gainor, MD (hereinafter “GAINOR”), is an individual purportedly licensed to practice medicine in the State of New York. GAINOR resides in and is a citizen of New York. Gainor purports to be an independent medical consultant that provides unbiased testimony in court in support of the fraudulent IME and peer review reports created by SCS, PATIENT FOCUS and their agents and employees. The basis of liability for GAINOR thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(19) Defendant William A. Ross, MD (hereinafter “W. ROSS”), is an individual purportedly licensed to practice medicine in the State of New York. W. ROSS resides in and is a citizen of New York. W. ROSS purports to be an independent medical consultant that provides unbiased peer review and IME

reports pursuant to requests made by SCS and/or PATIENT FOCUS. W. ROSS has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

W. ROSS allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. Additionally, the reports on their face cite to certain literature in order to support their findings but in fact misrepresent what the literature actually states. Moreover, the reports show common authorship and telltale signs of plagiarism when compared to reports from other Doctor Defendants. A representative list of twenty-seven such fraudulent reports, which each include dates of mailing, is attached as **Exhibit 8**.

The basis of liability for this Defendant thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(20) Defendant William Rosner, MD (hereinafter “ROSNER”), is an individual purportedly licensed to practice medicine in the State of New York. ROSNER resides in and is a citizen of Connecticut. ROSNER purports to be an independent medical consultant that provides unbiased testimony in court in support of the fraudulent IME and peer review reports created by SCS, PATIENT FOCUS and their agents and employees.

The basis of liability for this Defendant thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(21) Defendant Warren Cohen, MD (hereinafter “COHEN”), is an individual purportedly licensed to practice medicine in the State of New York. COHEN resides in and is a citizen of New York. COHEN purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. COHEN has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

COHEN allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. Such

fraudulent reports created under COHEN's name include, but are not limited to, those created and mailed on: 2/18/2009; 6/17/2009; 1/15/2010; 5/26/2010; 2/15/2011; and 2/17/2011.

The basis of liability for this Defendant thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(22) Defendant Mark Wilner, MD (hereinafter "WILNER"), is an individual purportedly licensed to practice medicine in the State of New York. WILNER resides in and is a citizen of New York. WILNER purports to be an independent medical consultant that provides unbiased testimony in court in support of the fraudulent IME and peer review reports created by SCS, PATIENT FOCUS and their agents and employees. The basis of liability for WILNER thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers

(23) Defendant Renat R. Sukhov, MD (hereinafter "SUKHOV"), is an individual purportedly licensed to practice medicine in the State of New York. SUKHOV resides in and is a citizen of New York. SUKHOV purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. SUKHOV has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

SUKHOV allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. Moreover, the reports show common authorship and telltale signs of plagiarism when compared to reports from other Doctor Defendants. Four representative fraudulent reports, which include date of mailing, are attached as **Exhibit 9**.

The basis of liability for this Defendant thus rests on her participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(24) Defendant William S. Kritzberg, MD (hereinafter "KRITZBERG"), is an individual purportedly licensed to practice medicine in the State of New York. KRITZBERG resides in and is a citizen of New Jersey. KRITZBERG purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. KRITZBERG has colluded with the co-Defendants to issue peer review and IME

reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

KRITZBERG allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. A representative list of ten such fraudulent reports, which each include dates of mailing, is attached as **Exhibit 10**.

The basis of liability for this Defendant thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers

(25) Defendant Robert A. Sohn, DC (hereinafter “SOHN”), is an individual purportedly licensed to practice chiropractic medicine in the State of New York. SOHN resides in and is a citizen of New York. SOHN purports to be an independent chiropractic consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. SOHN has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

SOHN allows laypersons to affix his name to pre-generated peer review reports and/or IME despite the sworn affirmation that he personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. Such fraudulent reports created under SOHN’s name include, but are not limited to, those created and mailed on: 5/2/2011; 5/16/2011; 11/28/2011 1/30/2012; and 2/16/2012.

The basis of liability for this Defendant thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(26) Defendant Stanley Ross, MD (hereinafter “S. ROSS”), is an individual purportedly licensed to practice medicine in the State of New York. S. ROSS resides in and is a citizen of New York. S. ROSS purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. S. ROSS has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

S. ROSS allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such

reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. A representative fraudulent report, which includes date of mailing, is attached as **Exhibit 11**. Upon information and belief, fraudulent reports bearing the putative signature of S. ROSS were created and mailed on 2/5/2009; 2/9/2009; 4/27/2009; 12/9/2011; and 12/19/2011. This list is by no means exhaustive.

The basis of liability for this Defendant thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers

(27) Defendant Mitchell L. Weisman, MD (hereinafter “WEISMAN”), is an individual purportedly licensed to practice medicine in the State of New York. Weisman resides in and is a citizen of New York. WEISMAN purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. WEISMAN has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

WEISMAN allows laypersons to affix his name to pre-generated peer review reports despite the sworn affirmation that he personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. Such fraudulent reports created under WEISMAN’s name include, but are not limited to, those created and mailed on: 8/9/2011; 2/7/2012; 2/9/2012; 4/2/2012; 4/30/2012; and 8/1/2012.

The basis of liability for this Defendant thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(28) Defendant Mark Weber, MD (hereinafter “WEBER”), is an individual purportedly licensed to practice medicine in the State of New York. WEBER resides in and is a citizen of New York. WEBER purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. WEBER has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

WEBER allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review

did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. A representative list of three such fraudulent reports, which each include dates of mailing, is attached as **Exhibit 12**.

The basis of liability for this Defendant thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(29) Defendant Gary J. Florio, MD (hereinafter “FLORIO”), is an individual purportedly licensed to practice medicine in the State of New York. FLORIO resides in and is a citizen of New York. FLORIO purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. FLORIO has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

FLORIO allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. A representative list of ten such fraudulent reports, which each include dates of mailing, is attached as **Exhibit 13**.

The basis of liability for FLORIO thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(30) Defendant Michael Leibowitz, MD, is an individual purportedly licensed to practice medicine in the State of New York. Leibowitz resides in and is a citizen of New York. Leibowitz purports to be an independent medical consultant that provides unbiased testimony in court in support of the fraudulent IME and peer review reports created by SCS, PATIENT FOCUS and their agents and employees. The basis of liability for LEIBOWITZ thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers

(31) Defendant Vinay Das, MD (hereinafter “DAS”), is an individual purportedly licensed to practice medicine in the State of New York. DAS resides in and is a citizen of New York. DAS purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. DAS has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

DAS allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. Upon information and belief, fraudulent reports bearing the putative signature of DAS were created and mailed on 9/2/2003; 5/13/2004; 8/24/2004; 9/28/2004; and 5/15/2005. This list is by no means exhaustive.

The basis of liability for DAS thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(32) Defendant Antonio Martins, MD (hereinafter "A. MARTINS")², is an individual purportedly licensed to practice medicine in the State of New York. A. MARTINS resides in and is a citizen of New York. A. MARTINS purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. A. MARTINS has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

A. MARTINS allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. A representative list of twelve such fraudulent reports, which each include dates of mailing, is attached as **Exhibit 14**.

The basis of liability for A. MARTINS thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(33) Defendant Damion A. Martins, MD, M.S. (hereinafter "D. MARTINS"), is an individual purportedly licensed to practice medicine in the State of New York. D. MARTINS resides in and is a citizen of New York. D. MARTINS purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. D. MARTINS has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

² Antonio Martins has not yet been served. Plaintiff is attempting to locate him at this time.

D. MARTINS allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. Additionally, the reports on their face cite to certain literature in order to support their findings but in fact misrepresent what the literature actually states. Moreover, the reports show common authorship and telltale signs of plagiarism when compared to reports from other Doctor Defendants. A representative list of seventeen such fraudulent reports, which each include dates of mailing, is attached as **Exhibit 15**.

The basis of liability for D. MARTINS thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(34) Defendant Nathan Zemel, MD (hereinafter “ZEMEL”), is an individual purportedly licensed to practice medicine in the State of New York. ZEMEL resides in and is a citizen of New York. ZEMEL purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. ZEMEL has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

ZEMEL allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. Upon information and belief, additional fraudulent reports bearing the putative signature of ZEMEL were created and mailed on 1/14/2008; 5/19/2011 7/20/2011; 8/23/2011; and 11/2/2011. This list is by no means exhaustive.

The basis of liability for ZEMEL thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(35) Defendant Dante Brittis, MD (hereinafter “BRITTIS”), is an individual purportedly licensed to practice medicine in the State of New York. BRITTIS resides in and is a citizen of New York. BRITTIS purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. BRITTIS has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

BRITTIS allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review

did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. A representative list of twenty such fraudulent reports, which each include dates of mailing, is attached as **Exhibit 16**.

The basis of liability for BRITTIS thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(36) Lilian Bobelian, MD (hereinafter “BOBELIAN”), is an individual purportedly licensed to practice medicine in the State of New York. BOBELIAN resides in and is a citizen of New York. BOBELIAN purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. BOBELIAN has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

BOBELIAN allows laypersons to affix her name to pre-generated IME reports despite the sworn affirmation that he personally prepared such reports. Upon information and belief, fraudulent reports bearing the putative signature of BOBELIAN were created and mailed on 1/19/2007. This list is by no means exhaustive.

The basis of liability for BOBELIAN thus rests on her participation in the ongoing scheme to defraud Sky Medical and other medical providers

(37) Mari Dejesus, MD (hereinafter “DEJESUS”)³, is an individual purportedly licensed to practice medicine in the State of New York. DEJESUS resides in and is a citizen of New York. DEJESUS purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. DEJESUShas colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

DEJESUS allows laypersons to affix her name to pre-generated peer review and/or IME reports despite the sworn affirmation that she personally prepared such reports. The reports also list medical and related documents allegedly reviewed by this Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. Upon information and belief, fraudulent reports bearing the putative signature of DEJESUS were created and mailed on 7/2/2004. This list is by no means exhaustive.

³ Mari Dejesus has not yet been served. Plaintiff is attempting to locate her at this time.

The basis of liability for DEJESUS thus rests on her participation in the ongoing scheme to defraud Sky Medical and other medical providers

(38) Christopher Ferrante, MD (hereinafter “FERRANTE”), is an individual purportedly licensed to practice medicine in the State of New York. FERRANTE resides in and is a citizen of New York. FERRANTE purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. FERRANTE has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

FERRANTE allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. A representative list of two such fraudulent reports, which each include dates of mailing, is attached as **Exhibit 17**.

The basis of liability for FERRANTE thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(39) Brian Freindlich, DC (hereinafter “FREINDLICH”)⁴, is an individual purportedly licensed to practice chiropractic medicine in the State of New York. FREINDLICH resides in and is a citizen of New York. FREINDLICH purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. FREINDLICH has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

FREINDLICH allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. Upon information and belief, fraudulent reports bearing the putative signature of FREINDLICH were created and mailed on 1/30/2008; and 3/11/2008. This list is by no means exhaustive.

The basis of liability for FREINDLICH thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

⁴ Brian Freindlich has not yet been served. Plaintiff is attempting to locate him at this time.

(40) Berry Katzman, MD⁵, is an individual purportedly licensed to practice medicine in the State of New York. Katzman resides in and is a citizen of New York. Katzman purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or Patient Focus d/b/a All Borough. Katzman has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. The basis of liability for this Defendant thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(41) Wayne Kerness, MD (hereinafter “KERNESSE”), is an individual purportedly licensed to practice medicine in the State of New York. KERNESSE resides in and is a citizen of New York. KERNESSE purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. KERNESSE has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

KERNESSE allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. Upon information and belief, fraudulent reports bearing the putative signature of KERNESSE were created and mailed on 8/15/2006; 10/26/2007; 4/9/2008; and 2/10/2009. This list is by no means exhaustive.

The basis of liability for KERNESSE thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(42) Ana Krol, MD (hereinafter “KROL”), is an individual purportedly licensed to practice medicine in the State of New York. KROL resides in and is a citizen of New York. KROL purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. KERNESSE has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

KROL allows laypersons to affix her name to pre-generated peer review and/or IME reports despite the sworn affirmation that she personally prepared such reports. Upon information and belief, fraudulent reports bearing the putative signature of KROL were created and mailed on 3/2/2011; 5/10/2011; 10/5/2011; 4/20/2012; and 6/6/2012. This list is by no means exhaustive.

⁵ Berry Katzman has not yet been served. Plaintiff is attempting to locate him at this time.

The basis of liability for KROL thus rests on her participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(43) Denis Mann, MD (hereinafter “MANN”), is an individual purportedly licensed to practice medicine in the State of New York. MANN resides in and is a citizen of New York. MANN purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. MANN has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

MANN allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. Moreover, the reports show common authorship and telltale signs of plagiarism when compared to reports from other Doctor Defendants. A representative fraudulent report, which includes the date of mailing, is attached as **Exhibit 18**.

The basis of liability for MANN thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(44) Andrew Miller, MD (hereinafter “MILLER”), is an individual purportedly licensed to practice medicine in the State of New York. MILLER resides in and is a citizen of New York. MILLER purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. MILLER has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

MILLER allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. The reports also list medical and related documents allegedly reviewed by the Doctor Defendant in order to create the peer review report, when such review did not actually take place. The reports also affirm under the penalty of perjury that the Doctor Defendant prepared the report, when this is a falsehood. Additionally, the reports on their face cite to certain literature in order to support their findings but in fact misrepresent what the literature actually states. Moreover, the reports show common authorship and telltale signs of plagiarism when compared to reports from other Doctor Defendants. A representative list of five such fraudulent reports, which includes the date of mailing for each, is attached as **Exhibit 19**.

The basis of liability for MILLER thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(45) Benjamin Nachamie, MD (hereinafter “NACHAMIE”), is an individual purportedly licensed to practice medicine in the State of New York. NACHAMIE resides in and is a citizen of New York. NACHAMIE purports to be an independent medical consultant that provides unbiased peer review and IME reports pursuant to requests made by SCS and/or PATIENT FOCUS. NACHAMIE has colluded with the co-Defendants to issue peer review and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other parties.

NACHAMIE allows laypersons to affix his name to pre-generated peer review and/or IME reports despite the sworn affirmation that he personally prepared such reports. Upon information and belief, fraudulent reports bearing the putative signature of NACHAMIE were created and mailed on 4/22/2010; 6/23/2011; 7/26/2011; and 2/9/2012. This list is by no means exhaustive.

The basis of liability for NACHAMIE thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

Other Defendants

(46) Defendant Linda Ackerman resides in and is a citizen of New York. Ackerman is the nominal owner of SCS Support Claim Services Inc., a domestic corporate entity that was formed in and does business in the State of New York. Defendant has colluded with co-Defendants to issue huge amounts of peer review reports and IME reports that contain predetermined opinions, to the detriment of Plaintiff and other insured parties. The basis of liability for Linda Ackerman thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(47) Evgeniya Vakhidova resides in and is a citizen of New York. Vakhidova is the General manager of PATIENT FOCUS’s Accounting Department with direct supervision of payroll, billing and collections aspects. Vakhidova is responsible for organizing the company’s finance-related issues, such as billing, contract management, budgeting, financial planning & analysis and account management. The basis of liability for Evgeniya Vakhidova thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(48) Patricia Holland resides in and is a citizen of New York. Holland is utilized by co-Defendants as one of the notaries who regularly notarizes the fraudulent peer review and IME reports in contravention of the notary laws in order to create the appearance that the reports are duly sworn to and in admissible format for litigation and arbitration practice. The basis of liability for Patricia Holland thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers.

(49) Notary A resides in and is a citizen of New York. Notary A is utilized by co-Defendants as one of the notaries who regularly notarizes the fraudulent peer review and IME reports in contravention of the notary laws in order to create the appearance that the reports are duly sworn to and in admissible format for litigation and arbitration practice. The basis of liability for Notary A thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers. The identity of Notary A is expected to be uncovered during discovery.

(50) Notary B resides in and is a citizen of New York. Notary B is utilized by co-Defendants as one of the notaries who regularly notarizes the fraudulent peer review and IME reports in contravention of the notary laws in order to create the appearance that the reports are duly sworn to and in admissible format for litigation and arbitration practice. The basis of liability for Notary B thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers. The identity of Notary B is expected to be uncovered during discovery.

(51) Notary C resides in and is a citizen of New York. Notary C is utilized by co-Defendants as one of the notaries who regularly notarizes the fraudulent peer review and IME reports in contravention of the notary laws in order to create the appearance that the reports are duly sworn to and in admissible format for litigation and arbitration practice. The basis of liability for Notary C thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers. The identity of Notary C is expected to be uncovered during discovery.

(52) Notary D resides in and is a citizen of New York. Notary D is utilized by co-Defendants as one of the notaries who regularly notarizes the fraudulent peer review and IME reports in contravention of the notary laws in order to create the appearance that the reports are duly sworn to and in admissible format for litigation and arbitration practice. The basis of liability for Notary D thus rests on his participation in the ongoing scheme to defraud Sky Medical and other medical providers. The identity of Notary D is expected to be uncovered during discovery.

Sky Medical believes there are further participants in the RICO enterprise whom it has yet to discover Sky Medical reserves the right to join additional parties in the future.

Sky Medical has resolved or will shortly resolve the case at bar with a number of Doctor Defendants. Such Defendants are not listed here as they will no longer be party to the suit.

3. List alleged wrongdoers, other than the defendants listed above, and state the alleged misconduct of each wrongdoer.

Dr. Andrew Bazos, New York State Medical License #176339. Dr. Bazos's misconduct is identical to that of the Doctor Defendants.

4. List the alleged victims and state how each victim was allegedly injured.

Sky Medical: Sky Medical was and continues to be injured by Defendants' fraudulent conduct and enterprise in the following ways:

(1) Defendants create and issue to No-Fault insurance companies putatively Independent Medical Exam (IME) reports with preordained conclusions that Plaintiff's prescribed medical devices are not medically necessary. These preordained conclusions are made without regard to the specific facts of any examined person or course of treatment. The reports containing these preordained conclusions are constructed by True Owner Layperson Defendants or their agents. The Doctor Defendants are paid to have their names assigned these pre-constructed reports without evaluating their merit or the injured party. These reports cause insurers to deny Sky Medical's legitimate bills to insurers for medical devices provided to parties covered by No-Fault insurance policies.

(2) Defendants create and issue to No-Fault insurance companies putatively Peer Review reports with preordained conclusions that Plaintiff's prescribed medical devices are not medically necessary. These preordained conclusions are made without regard to the specific facts of any examined person or course of treatment. The reports containing these preordained conclusions are constructed by True Owner Layperson Defendants or their agents. These reports cause insurers to deny Sky Medical's legitimate bills to insurers for medical devices provided to parties covered by No-Fault insurance policies.

(3) Defendants induce IME "no-shows." Defendant SCS sends letters scheduling IMEs to assignors/EIPs informing them of an upcoming IME appointment, and indicating that the assignors/EIPs must bring photo identification with them. The letters by SCS do not state that a

copy of the letter must be brought as well. Examples of such letters, including the dates of mailing, are appended as **Exhibit 2**.

However, when the assignors/EIPs appear for the IMEs to be examined at a location utilized by PATIENT FOCUS with their photo identification, they are not allowed to see the IME doctor if they do not have a copy of the letter. This is despite the fact that PATIENT FOCUS has possession of a copy of the SCS letter. Under oath, and during trial testimony, Defendant M. OSIASHVILI admitted that even if an assignor physically appears with valid photo identification at the designated time and place for the IME, it will still be considered a “no-show” or “failure to appear” simply because the assignor does not have a copy of the scheduling letter. See **Exhibit 20**.

Crucially, when a No-Fault insurance claim is denied for an IME “no-show,” the entire insurance claim is considered to be denied retroactively. The insurance carrier then has no duty to reimburse any medical providers who treated the EIP or supplied medication or medical supplies to the EIP. Thus, SCS and/or PATIENT FOCUS thus induce IME “no-shows” in order to give the insurer a reason to deny the claims for all treatment rendered to the EIP from every treatment provider, regardless of the scope of the scheduled IME.

5. Describe in detail the pattern of racketeering activities or collection of unlawful debts alleged for each RICO claim. The description of the pattern of racketeering shall include the following information:

- a. List the alleged predicate acts and the specific statutes that were allegedly violated;

Defendants have violated 18 U.S.C. § 1341 and/or 18 U.S.C. § 1343, when they knowingly send fraudulent Independent Medical Examination (hereinafter “IME”) reports and peer review reports to insurance carriers. Defendants also violate 18 U.S.C. § 1341 when they send IME letters to assignors/EIPs stating that a photo ID is required but fail to mention that the assignor/EIP will be turned away if he or she does not have a copy of the letter.

- b. Provide the date of each predicate act, the participants in each predicate act, and a description of the facts constituting each predicate act;

The predicate acts of mail and/or wire fraud consist of illegally incorporated Defendant PATIENT FOCUS

The date of mailing for each report is within a week of the date upon the fraudulent report; without access to discovery, Plaintiff does not have concrete knowledge of each date of mailing from SCS and/or PATIENT FOCUS to the relevant insurer. However, Sky Medical attaches **Exhibit 21**, which consists of numerous representative examples of denial of claims for No-Fault Benefits forms. The date of mailing from Defendants to the insurance carrier is within days of each denial, as insurers are under a legal obligation to deny claims within thirty days pursuant to N.Y. Ins. Law § 5106; and 11 N.Y.C.R.R. § 65-3.8.

The participants in each predicate act vary, although the participation of SCS, PATIENT FOCUS is constant. SCS and PATIENT FOCUS utilize a number of notaries public to affix fraudulent stamps. Each and every Doctor Defendant has sold his or her signature to SCS PATIENT FOCUS, which has subsequently used the signatures to sign off on fraudulent IME and peer review reports. A representative sample of such reports sent from Patient FOCUS and/or SCS to insurers is attached as **Exhibits 1-1, 1-2, and 1-3.**

The misrepresentations were made by SCS, PATIENT FOCUS, the notaries public putatively notarizing each fraudulent IME or peer review report, the employee of SCS and/or PATIENT FOCUS who signed each misleading IME scheduling letter, and the Doctors whose signatures appear on each fraudulent IME or peer review report. See **Exhibits 1-1, 1-2, and 1-3.**

c. If the RICO claim is based on the predicate offenses of wire fraud, mail fraud, or fraud in the sale of securities, the “circumstances constituting fraud or mistake shall be stated with particularity.” Fed. R. Civ. P. 9(b). Identify the time, place and substance of the alleged misrepresentations, and the identity of persons to whom and by whom alleged misrepresentations were made;

d. State whether there has been a criminal conviction for violation of any predicate act;

None that Plaintiff is aware of.

e. State whether civil litigation has resulted in a judgment with regard to any predicate act;

None that Plaintiff is aware of pursuant to 18 U.S.C. § 1341 and/or 18 U.S.C. § 1343.

f. Describe how the predicate act forms a “pattern of racketeering activity;” and

The pattern is as follows: SCS routinely mails fraudulent peer review and IME reports to insurers which then deny Plaintiff’s claims for reimbursement. Defendants’ business relies in large part on the creation of fraudulent reports and inducing IME no-shows via mailing misleading IME scheduling letters to assignor/EIPs.

The operation begins when SCS receives a request to review claims for no-fault benefits from a client insurance carrier. SCS then sends misleading IME scheduling letters to any and all EIPs, every such letter failing to mention the requirement that the EIP bring a copy of the letter to the scheduled IME. The letters also falsely state that the EIP the EIP will be examined by an independent medical expert, when in truth and in fact the letter is sent with Defendants knowing full well that the IME will cut off benefits and recommend no further treatment, testing or medical equipment. If the EIP is not turned away from the IME, SCS and/or PATIENT FOCUS, or their employees or agents, falsely represent to the EIPs that the IME doctors are their treating

doctors. The EIP will then be subjected to a cursory examination by an employee or agent of PATIENT FOCUS or SCS.

PATIENT FOCUS will then generate a bogus IME report with a predetermined conclusion regarding lack of medical necessity that bears little to no relation to the actual health or medical status of the EIP. These reports are pre-determined according to the mandates of the True Owner Defendants, who are not licensed medical professionals. PATIENT FOCUS and/or SCS create these bogus IME reports without receiving or reviewing the relevant medical histories of the EIPs. SCS then transmits the bogus report to the relevant insurance carrier, which, in turn, sends a denial to the EIP, and/or its assignee medical providers, including Sky Medical.

PATIENT FOCUS also generates bogus peer review reports in largely the same manner, including cases in which no IME is held. Medical providers to whom EIPs assign their No-Fault benefits treat the EIPs and send their treatment reports, including prescriptions for medication and medical equipment, on to the relevant insurance carrier. The insurance carrier transmits the assignee's reports to SCS. SCS shares these reports with PATIENT FOCUS, which then generates bogus peer review reports according to the mandates of the True Owner Defendants, who are not licensed medical professionals. PATIENT FOCUS or its employees or agents then affix the signature of Doctor Defendants to these bogus and fraudulent reports. PATIENT FOCUS shares these bogus peer review reports to SCS, which, in turn, transmit the peer review reports to the relevant insurance carrier. The insurance carrier then denies the medical providers' claims (including those of Sky Medical's) based on the fraudulent peer reviews.

The scope of the pattern is breathtaking. Since 2007, several of the Doctor Defendants have purportedly written an impossible number of peer review and/or IME reports. For example, in that time: (a) SHARAHY has purportedly written over 9,000 such reports; (b) COLE has purportedly written over 14,000 such reports; (c) WESTERBAND has purportedly written over 9,000 such reports; (d) BRITTIS has purportedly written over 5,500 such reports; (e) SUKHOV has purportedly written over 5,000 such reports; (f) EHRLICH has purportedly written over 9,000 such reports; and (g) SOHN has purportedly written over 3,000 such reports. The sheer number of such fraudulent reports demonstrates a regular pattern of racketeering activity. Sky Medical further believes that discovery will reveal that the numbers of bogus reports issued in each Defendant Doctor's name are in fact much higher.

g. State whether the alleged predicate acts relate to each other as part of a common plan. If so, describe the alleged relationship and common plan in detail.

The common plan is to generate revenue for the enterprise, consisting of all Defendants, through the production of a massive amount of fraudulent IME and peer review reports, inducing IME "no-shows" from EIPs, and providing false testimony in court corroborating the bogus IME and peer review reports. The enterprise derives income from the payments it receives from the insurance carrier clients of SCS. The insurance carriers pay SCS based on the volume of work it

performs; it thus behooves SCS, and the enterprise, to conduct as many IMEs, peer reviews as possible. In order to do so, SCS and PATIENT FOCUS rely on pre-generated reports to which they, or their employees or agents, affix the signatures of Doctor Defendants.

It is clear that, for many of the Doctor Defendants, the sheer volume of fraudulent reports would be impossible to produce through any means other than fraud. In particular, SHARAHY, SOHN, and Andrew Bazos each have produced thousands of such reports in a year and have spent countless hours in court testifying as to the accuracy of the fraudulent reports.

This high turnover of fraudulent reports, each constructed at a very low cost due to the use of computer software designed to construct fraudulent reports, allows SCS and the RICO enterprise to enjoy large profits.

6. Describe in detail the alleged “enterprise” for each RICO claim. A description of the enterprise shall include the following:

(a) state the name of the individuals, partnerships, corporations, associations, or other legal entities, which allegedly constitute the enterprise;

All Defendants constitute the enterprise together. The engine of the enterprise consists of SCS and PATIENT FOCUS, as controlled by the True Owner Defendants.

(b) a description of the structure, purpose, function and course of conduct of the enterprise;

At the top of the enterprise sit the True Owner Defendants, who reap most of the pecuniary benefits of the fraudulent scheme. They determine the content of the fraudulent peer review and IME reports. They have paid SHARAHY for the use of her license to fraudulently incorporate PATIENT FOCUS, which they control. PATIENT FOCUS pays large sums of money to the True Owner Defendants and their corporations, funneling the vast majority of the enterprise’s profits to the True Owners. Below the True Owners sit SCS and PATIENT FOCUS.

SCS is a vendor for the review of No-Fault insurance claims. Its clients consist of insurance carriers unaware of the RICO enterprise’s fraud. SCS is paid by insurance companies to evaluate claims and conduct IMEs and peer reviews. SCS is responsible for sending out the fraudulent IME scheduling letters and transmitting the fraudulent peer review and IME reports to its client insurance carriers. SCS therefore is responsible for inducing IME “no-shows.” SCS funnels a large part of its business to PATIENT FOCUS.

PATIENT FOCUS, purportedly owned by SHARAHY, purports to locate doctors to perform peer reviews and IMEs, as well as to testify in court in support of the fraudulent reports. In reality, PATIENT FOCUS is a peer review and IME mill which manufactures fraudulent reports upon which insurers rely when denying claims under No-Fault insurance policies. PATIENT FOCUS is also fraudulently incorporated and controlled entirely by the True Owner Defendants rather than SHARAHY. Employees of PATIENT FOCUS, who are laypeople, use a computer program designed by the True Owner Defendants and/or their agents to fabricate the bogus and fraudulent IME and peer review reports. Layperson employees of PATIENT FOCUS also frequently affix the signatures of Doctor Defendants to the fraudulent reports. PATIENT

FOCUS pays the Doctor Defendants for this fraudulent use of their signatures. The notaries public who notarize the bogus reports are also employees of PATIENT FOCUS.

The Doctor Defendants sell their services to PATIENT FOCUS. They do not prepare the fraudulent peer review and IME reports. The Doctor Defendants will sign the fraudulent reports in the event a layperson employee of PATIENT FOCUS has not affixed a Doctor Defendant's signature. The Doctor Defendants also testify in court to corroborate the fraudulent reports, or to claim the reports were actually prepared by Doctor Defendants instead of laypersons.

(c) a statement of whether any defendants are employees, officers or directors of the alleged enterprise;

The enterprise comprises all Defendants and has no independent corporate identity.

(d) a statement of whether any defendants are associated with the alleged enterprise;

All Defendants are associated with the RICO enterprise.

(e) a statement of whether plaintiff is alleging that the defendants are individuals or entities separate from the alleged enterprise or that the defendants are the enterprise itself, or members of the enterprise;

Defendants are members of the enterprise.

(f) if any defendants are alleged to be the enterprise itself, or members of the enterprise, an explanation of whether such defendants are perpetrators, passive instruments, or victims of the alleged racketeering activity.

All Defendants are perpetrators of the enterprise.

7. State and describe in detail whether plaintiff is alleging that the pattern of racketeering activity and the enterprise are separate or have merged into one entity.

The pattern of racketeering activity and the enterprise are separate. The purpose of the enterprise is to make money by reviewing claims for No-Fault insurance at the request of insurance carriers. The members of the enterprise, including non-Defendant employees of SCS, PATIENT FOCUS, and the True Owner Management Defendants, have ongoing relationships to achieve that purpose, as discussed at length above. To briefly reiterate, SCS is paid by insurance carriers to review claims. SCS then works with PATIENT FOCUS to review the claims (albeit according to a fraudulent scheme to produce bogus IME and peer review reports). PATIENT FOCUS pays Doctor Defendants for their signatures on the bogus reports, and for their testimony in court corroborating the bogus reports. PATIENT FOCUS and SCS funnel money received

from insurance carrier clients of SCS to the Management Company Defendants, which then direct the money to the True Owner Defendants. The enterprise is directed by the True Owner Defendants. This enterprise has been in existence for more than a decade.

8. Describe the alleged relationship between the activities of the enterprise and the pattern of racketeering activity. Discuss how the racketeering activity differs from the usual daily activities of the enterprise, if at all.

The pattern of racketeering activity is the transmission of fraudulent IME and peer review reports to insurance carriers via the U.S. mails and the internet, as well as the mailing of misleading IME scheduling letters to EIPs. The daily activities of the enterprise go well beyond this, including the maintenance of office spaces, hiring and firing employees of the various Defendant corporations, and acquiring new insurance carrier clients.

9. Describe what benefits, if any, the alleged enterprise receives from the alleged pattern of racketeering.

The enterprise receives compensation from insurance companies for denied insurance claims. It further benefits from the sheer volumes of claims it can review due to the use of fraudulent and pre-determined IME and peer review reports which are quickly constructed using a computer program. If each claim were subject to legitimate review, the enterprise could not conduct as many as it does with paying more doctors to adequately review the medical history of each EIP, the reports of treatment provided to the EIPs by medical providers, and conducting thorough medical examinations.

10. Describe the effect of the activities of the enterprise on interstate or foreign commerce.

The fraudulent denials cause insurance companies, Plaintiff, and other medical providers to engage in litigation over the meritless reports. Upon information and belief, the enterprise issues thousands of reports yearly relied upon by insurers located outside of the State of New York. Those insurers then incur litigation costs when defending the denied claims in court. Furthermore, insurance companies incur high interest costs on unpaid claims, which would have been avoided in the absence of the enterprise's fraudulent reports and conduct.

11. If the complaint alleges a violation of 18 U.S.C. § 1962(a), provide the following: (a) state who received the income derived from the pattern of racketeering activity or through the collection of unlawful debt; and (b) describe the use or investment of such income.

Not applicable.

12. If the complaint alleges a violation of 18 U.S.C. § 1962(b), describe in detail the acquisition or maintenance of any interest in or control of the alleged enterprise.

Not applicable.

13. If the complaint alleges a violation of 18 U.S.C. § 1962(c), provide the following: (a) state who is employed by or associated with the alleged enterprise, and (b) state whether the same entity is both the liable “person” and the “enterprise” under section 1962(c).

(a) At this time Sky Medical is aware that the enterprise employs, or has employed, all Doctor Defendants, Svetlana Ackerman, Evgeniya Vakhidova, and Patricia Holland. Sky Medical believes there are a number of further employees but is not able to identify them at this time.

(b) The enterprise comprises all the Defendants, as well as parties unknown at this time, and is not itself a natural or corporate person.

14. If the complaint alleges a violation of 18 U.S.C. § 1962(d), describe in detail the facts showing the existence of the alleged conspiracy.

The sheer number of medical records allegedly reviewed each year by Doctor Defendants and the number of peer and IME reports containing the Defendant Doctors' signatures would be impossible without the coordinated effort of SCS, PATIENT FOCUS and the non-licensed individuals who actually prepare and sign the reports. The purported authors of the peer review reports almost universally fail to ever request additional medical documentation after the insurer clients forward the records for them to review, regardless of how sparse or current the medical records are. This is because a genuine review of the records never actually takes place and the opinions are predetermined, making it unnecessary to request any additional documentation. Moreover, the True Owners' involvement in the conspiracy is evidenced by the exorbitant payments paid to them via the Management Defendants by SCS and PATIENT FOCUS.

The Doctor Defendants who provide so-called “substitute testimony” (e.g. Defendants ROSNER, GAINOR, FLORIO, LIEBOWITZ) who testify in court in support of the peer review reports that were purportedly authored by other doctors do not get paid for the time spent to review files unless they agree that the services/supplies/testing rendered by Plaintiff and other health providers were medically necessary, and agree to testify in court to that effect.

The True Owner Defendants also created and maintain to computer system which the Doctor Defendants, and the employees of PATIENT FOCUS and/or SCS use to create the fraudulent IME and peer review reports.

The Notary Public Defendants stamp each and every bogus report as being prepared by the Doctor Defendant who purportedly signs the report despite knowing full well the reports are created pursuant to a system created and administered by laypeople. That the notaries knowingly stamp fraudulent documents indicates their participation in the RICO conspiracy.

Defendant Linda Ackerman owns SCS, which operates as the enterprise's vendor. That SCS only does business with PATIENT FOCUS indicates that she knows full well that PATIENT FOCUS is a fraud mill that produces bogus IME and peer review reports. Furthermore, employees of SCS send out the misleading IME scheduling letters at her direction.

Defendant Evgeniya Vakhidova is the general manager of PATIENT FOCUS. Her position and involvement in the daily affairs of PATIENT FOCUS indicate that she is aware of that PATIENT FOCUS creates fraudulent peer review and IME reports, and its employees compose and send misleading IME scheduling letters to EIPs.

15. Describe the alleged injury to business or property.

Sky Medical Supply has been injured in its business as it has provided medical devices and supplies to injured person subject to No-Fault insurance policies and then been denied reimbursement for such goods based on Defendants' fraud.

16. Describe the direct causal relationship between the alleged injury and the violation of the RICO statute.

Defendants' mailing of fraudulent reports to insurers directly results in the denial of Plaintiff's claims for reimbursement due to a lack of medical necessity. Defendants' mailing of misleading IME request letters to Plaintiff's assignors results in the denial of Sky Medical's claims based upon failure for the assignor to appear at an IME.

17. List the damages sustained by reason of the violation of 18 U.S.C. § 1962, indicating the amount for which each defendant is allegedly liable.

All Defendants are jointly and severally liable for the entire amount as participants in the RICO enterprise. Attached as **Exhibit 22** are over a hundred denials issued to Sky Medical pursuant to fraudulent IME or peer reports submitted to insurance carriers from SCS. Defendants are liable for the amount listed in each denial. This is only a representative list.

18. List all other federal causes of action, if any, and provide the relevant statute numbers.

Sky Medical also seeks declaratory relief under 28 U.S.C. §§ 2201 and 2202.

19. List all pendent state claims, if any.

Common Law Fraud, Aiding and Abetting Fraud, Unjust Enrichment, and Violation of New York General Business Law §349.

20. Provide any additional information that you feel would be helpful to the court in processing your RICO claims.

A review was performed by an independent expert in linguistics, whose clients have included, but were not limited to the Federal Bureau of Investigation and the New Jersey Office of the Attorney General, Criminal Prosecution. The expert was provided with sample peer review and IME reports bearing the names and purported signatures of a multitude of Doctor Defendants. Specifically, Sky Medical requested that the expert perform an analysis of said reports to determine whether or not they contain any indicia of plagiarism and/or common authorship. Factoring out lexical word bundles and sequences of words that are commonly found together in ordinary use, the expert identified multiple instances whether the languages in portions of the peer review and IME reports by different Doctor Defendants are identical or nearly identical, including plagiaristic language containing the exact same grammatical and spelling errors despite the fact that the purported authors of the reports were different doctors. The expert concluded, with a reasonable degree of scientific certainty, that portions of the peer review and IME reports contain matching or similar word strings which are not set phrases nor explainable by chance, and that such identical language supports the conclusion that portions of the IME and peer review reports are plagiarized from other reports, if not taken from a third source. Plaintiff intends to utilize this expert for further analyses and possibly for testimonial purposes.

Furthermore, pursuant to an investigation, it has been discovered that multiple triers of fact and law have ruled that the peer review reports and/or IME reports purportedly authored by many of the above-named Doctor Defendants either (a) are incredible; (b) are disingenuous; (c) are predetermined; (d) are inauthentic; (e) mischaracterize the medical records allegedly reviewed; or (e) all of the above.

Additionally, a review of the literature cited in the peer review reports illustrates that much of the literature is mischaracterized for the sole purpose of attempting to support the predetermined conclusions contained in said reports.

Dated: Brooklyn, New York

May 2, 2013

By: _____/s/
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